

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33598

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8919 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> c. CITY (If outside corporate limits write RURAL and give township) <u>St. Louis</u> OR TOWN <u>MO</u> OR TOWN <u>2229</u> | | | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u> e. STREET ADDRESS (If rural, give location) <u>1203 S. 6 St</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnnie</u> b. (Middle) <u>G.</u> c. (Last) <u>Woods</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1952</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Aug. 31, 1900</u> | |
| 9. AGE (In years last birthday) <u>52</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steve Mounter</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Deatur Co., Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Jack Woods</u> | | 13b. MOTHER'S MAIDEN NAME <u>Argie Hayes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hattie</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>Peasetime</u> | | 17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>489-18-8579 Andrew Woods, Holliday, Tenn.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Sclerosis</u> | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____ | | 21f. HOW DID INJURY OCCUR? <u>4201</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>530 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE <u>Patrick E. Rayen</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>1300 Oak</u> | | 23c. DATE SIGNED <u>9-25-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-25-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u> | |
| DATE REC'D BY REG. <u>SEP 23 1952</u> | | REGISTRAR'S SIGNATURE <u>Joel Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.